

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)  TME-2217									
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<p>In re Application of <b>Markus Anliker</b></p> <table border="1"> <tr> <td>Application Number</td> <td>10/538,168</td> <td>Filed April 8, 2006</td> </tr> <tr> <td colspan="2">For <b>Suppository Packaging Device</b></td> <td></td> </tr> <tr> <td>Art Unit</td> <td>3728</td> <td>Examiner <b>Jose S. Stephens III</b></td> </tr> </table>			Application Number	10/538,168	Filed April 8, 2006	For <b>Suppository Packaging Device</b>			Art Unit	3728	Examiner <b>Jose S. Stephens III</b>
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<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>											
<p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <b>270.00</b></p>											
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p>											
<p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p>											
<p><input checked="" type="checkbox"/> Payment is effected by electronic submission.</p>											
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<p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>12-1099</b>. I have enclosed a duplicate copy of this sheet.</p>											
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<p>I am the</p>											
<p><input type="checkbox"/> applicant/inventor.</p>											
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>											
<p><input checked="" type="checkbox"/> attorney or agent of record. <b>52,794</b> Registration number _____</p>											
<p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>											
<p style="text-align: right;"><b>/Alfred K. Dassler/</b></p>											
<p>_____ <b>Signature</b></p>											
<p style="text-align: right;"><b>Alfred K. Dassler</b></p>											
<p>_____ <b>Typed or printed name</b></p>											
<p style="text-align: right;"><b>954 925 1100</b></p>											
<p>_____ <b>Telephone number</b></p>											
<p style="text-align: right;"><b>July 26, 2010</b></p>											
<p>_____ <b>Date</b></p>											

\*Total of \_\_\_\_\_ forms are submitted

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